

**RECEIVED**

APR - 1 2008

**COVER PAGE**

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	CalHFA LEGAL
PARKER	THERESA	A.	( [REDACTED] )
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

California Housing Finance Agency (CalHFA)

Division, Board, District, if applicable:

CalHFA Board of Directors

Your Position:

Executive Director/Board Member

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: State Treasurer's Office

Position: Member of CDLAC & CTCAC

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

**4. Schedule Summary**

➔ Total number of pages including this cover page: \_\_\_\_\_

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached  
Real Property

Schedule C ☐ Yes – schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached  
Income – Gifts

Schedule E ☐ Yes – schedule attached  
Income – Travel Payments

-or-

☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 25, 2008  
(month, day, year)

Signature [REDACTED]  
(File the originally signed statement with your filing official.)